Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	tion	2021	0254			Repor Filed E		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST			
Name of Filing	Committee	e, Candida	ate or Lo	obbyist:				SAJDA PI	URPLE E	BLACKWEL	L						
Street Address	:																
City:	PHIL	ADELPHIA	Ą					State: PA				Zip Code: 19141					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D/ PRIM		POST-	3.	AMENDN REPORT		Yes	No	\checkmark		
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST-	6.	TERMIN REPORT		Yes	No	\checkmark		
report type)	ANNUAL	REPORT	7. X	Year 2021				NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE		
Name of Office	 Sought by	Candidat	:e:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code		
	- /							мо	DAY	YEAR			DEN	1			
								11	:	2 2021	1	(SEE INS	TRUCTI	ONS FOR (CODES)		
Summary of		and	мо	DAY	YEAR	1		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
Expenditure	s from:		1	11 23	20	021 T	0	12	3	1 2021							
A. Amount Bro	ought Forv	vard From	n Last R	eport			\$			0.00							
B. Total Mone	tary Contri	ibutions A	And Rec	eipts (Fron	1 Sche	dule I)	\$;		0.00							
C. Total Funds	s Available	(Sum Of	Lines A	and B)			\$	5		0.00							
D. Total Exper	nditures (F	rom Sche	dule II	I)			\$	5		0.00]						
E. Ending Cas	h Balance	(Subtract	Line D	From Line	C)		\$	5		100.00							
F. Value Of In	-Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$;		0.00	_						
G. Unpaid Deb	ots And Ob	ligations	(From S	Schedule IV	()		\$	5		100.00							
					AFF	IDAVI	T SE	CTION									
PART I - If this		-	-	-							-						
I swear (or affirn correct and comp		eport, inclu	uding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	dium, are to	the best o	f my knov	vledge	and beli	ef , true		
Sworn to and sub	scribed befo day of	ore me this		20						Signatur	e of Perso	n Submitt	ing Rep	oort			
	_	Signatur	'e				_				Prin	ted Name					
My Commission E	Expires						_				Ema	il					
		мо	D	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	s a report	of a cand	lidate's	authorized	Comm	nittee, C	andid	late shall	sign he	re.							
I swear (or affirm No 320) as amend	led.		ıy knowle	edge and beli	ef this	political	comm	nittee has n	ot violate	ed any provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subs	cribed befor day of	re me this		20						5	ignature	of Candida	ite				
				-~			_				Printe	ed Name					
My Commission Ex		Signature					-				Ema	il					
	_	мо		AY	YR		-		Area C	ode	D	aytime Te	elephon	e Numb	er		
			51								_						

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	e			
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF SAJDA PURPLE BLACKWELL	From:	<u>11/23/202</u>	2 <u>1</u> To:	<u>12/31/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			-	
TOTAL for the Reportin	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reportin	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			•	
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00
۱ <u>ــــــــــــــــــــــــــــــــــــ</u>				

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period					
				From: To:			1		
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	•)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$	0.00		

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00	

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting Period				
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
FRIENDS OF SAJDA PURPLE BLACKWELL	From:	<u>11/23/2021</u> то:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	-	_				\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:				•			
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period				
						То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period				
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	Denditure				
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (Cover Dage Item I					PAGE TOTAL		
Enter Grand Total of Expenditures	on Page 1, Report C	Jover Page, Item L				\$	0.00		